

# Multi-Ethnic Study of Atherosclerosis



## Resting 12-Lead ECG

**Id#:**

Acrostic: \_\_\_\_\_

**Date:**

Month

Day

Year

### 1 Chest-square readings:

O-E Measurement:

.

O-V6 Measurement:

.

### 2 Participant Fasting?

☐ Yes ☐ No ☐ Unsure

↓  
Skip to #3



When was the last time you ate or drank?

Date:

 /  / 

Month

Day

Year

Time:

 :   M

### 3 Results of ECG:

☐ Done ☐ Incomplete ☐ Not done

↓  
Skip to #5

### 4 Reason ECG incomplete or not done:

- ☐ Equipment malfunction or lack of supplies  
☐ Examinee refused or uncooperative  
☐ Other:

### 5 Heart rate (60 second):

> 130 → **alert**

### 6 Were the following alert conditions noted?

✓ if  
present

YES  
confirmed

YES  
not  
confirmed

NO

- |                             |  |                       |                       |                       |
|-----------------------------|--|-----------------------|-----------------------|-----------------------|
| <input type="checkbox"/> a. | Atrial fibrillation  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> b. | Pacemaker  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> c. | Atrial flutter   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> d. | Wolf-Parkinson White (WPW)<br>or ventricular pre-excitation  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> e. | Idioventricular rhythm   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> f. | Ventricular tachycardia  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> g. | Complete heart block   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> h. | Left bundle branch block   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> i. | Acute pericarditis   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> j. | Any reference to <i>injury</i> ,<br><i>infarct</i> or <i>ischemia</i> ,<br>characterized as acute or<br>marked | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> k. | Other  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Clinic/Cart #  
(ECG machine #)

Technician ID#:

Reviewer ID#:

Data Entry ID#: